

**Index of Claims**

Application/Control No.

10/633,463

Examiner

Tony G. Soohoo

Applicant(s)/Patent under  
Reexamination

HOFF ET AL.

Art Unit

1723

|   |          |
|---|----------|
| ✓ | Rejected |
| = | Allowed  |
|   |          |

|   |                                |
|---|--------------------------------|
| - | (Through numeral)<br>Cancelled |
| + | Restricted                     |

|   |              |
|---|--------------|
| N | Non-Elected  |
| I | Interference |

|   |          |
|---|----------|
| A | Appeal   |
| O | Objected |

| Claim | Final | Original | Date       |
|-------|-------|----------|------------|
| 1     | v     | v        | 8/4/05     |
| 2     | v     | v        | 12/24/05   |
| 3     | v     | v        | 5-25-2006  |
| 4     | v     | v        | 10-23-2006 |
| 5     | v     | v        | 10-23-2006 |
| 6     | v     | v        | 10-23-2006 |
| 7     | v     | -        |            |
| 8     | v     | -        |            |
| 9     | v     | -        |            |
| 10    | N     | N        |            |
| 11    | N     | N        |            |
| 12    | N     | N        |            |
| 13    | N     | N        |            |
| 14    | N     | N        |            |
| 15    | N     | N        |            |
| 16    | N     | N        |            |
| 17    | N     | N        |            |
| 18    | N     | N        |            |
| 19    | N     | N        |            |
| 20    | N     | N        |            |
| 21    | N     | N        |            |
| 22    | N     | N        |            |
| 23    | V     | ✓        | ✓          |
| 24    | N     | ✓        |            |
| 25    | N     | ✓        |            |
| 26    | N     | ✓        |            |
| 27    | N     | ✓        |            |
| 28    | N     | ✓        |            |
| 29    | N     | ✓        |            |
| 30    | N     | ✓        |            |
| 31    | N     | ✓        |            |
| 32    | N     | ✓        |            |
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| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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